

IMPORTANT: What this Policy is for –

Full details of **Your** cover, the conditions that apply, the claims process and the circumstances when claims will not be met are contained in this **Policy**. Provided **You** have paid **Your Premiums**, **We** will pay the **Benefits** described if **You** are unable to **Work** through **Accident/Sickness** or **Unemployment**.

You should read this document carefully so that **You** know what insurance **You** have.

We have tried to make the booklet clear and easy to understand. Words with special meanings are shown in **bold** throughout.

ABOUT PAYMENT PROTECTION INSURANCE

This **Policy** has been arranged by www.protection.uk.net, a registered trading name of First Call Payment Protection Ltd.

Claims are administered by Advent Solutions Management Ltd.

The insurance is underwritten by UK General Insurance Ltd on behalf of Ageas Insurance Ltd, Registered Office: Ageas House, Tollgate, Eastleigh, Hampshire SO53 3YA.

Ageas Insurance Ltd, First Call Payment Protection Ltd, Advent Solutions Management Ltd and UK General Insurance Ltd are authorised and regulated by the Financial Services Authority. This can be checked on the FSA's register by visiting the FSA's Website at www.fsa.gov.uk/register or by contacting them on 0845 606 1234.

ARE YOU ELIGIBLE FOR COVER UNDER THIS POLICY?

It is particularly important that **You** check that **You** may take out cover under this **Policy**.

On the **Start Date** **You** must: -

1. Be living lawfully in the **UK**;
2. Be over 18 but under 65 years of age;
3. Be in **Work** for at least 6 continuous consecutive months immediately prior to the **Start Date**
4. Not be the subject of any ongoing disciplinary action or enquiry by **Your** employer.

Additionally

1. **Mortgage Protection** - Be the owner occupier of the property secured under the insured **Agreement** which is **Your** main residence and is not used for business purposes.
2. **Rent Protection** – Be the person named on the assured short hold tenancy **Agreement** or similar fixed term tenancy or fixed term lease **Agreement** as the occupier of the property secured under the **Agreement** which is **Your** main residence and is not used for business purposes.
3. **Loan & Car Protection** – be the person named in the loan / lease / hire purchase **Agreement**

CHANGING YOUR MIND

If the cover does not meet **Your** needs, please contact the **Coverholders: First Call Payment Protection Ltd** to tell **Us** that **You** no longer require cover

YOUR RIGHT TO CHANGE YOUR MIND

You may cancel this **Policy** by writing to the **Coverholders: First Call Payment Protection Ltd** within 30 days of the **Start Date** or the date **You** receive **Your** documents if this is later. **We** will refund any **Premium** paid, provided no **Benefit** has been paid.

You may then cancel this **Policy** at any time by giving 30 days' notice in writing to the **Coverholders: First Call Payment Protection Ltd** in which case, as **Premiums** are paid monthly, there will be no refund of **Premium** paid.

IMPORTANT NUMBERS

Need more information? **We** are here to answer all **Your** questions. Simply call:

Policy Queries (First Call Payment Protection Ltd) 0844 391 6965

Between 9.00am to 5.30pm Monday to Friday

Claims Line (Advent Solutions Management Ltd) 0845 241 2155

Between 9.00am to 5.00pm Monday to Friday

Telephone calls may be monitored or recorded to assist with staff training and for quality control purposes.

CONTENTS OF YOUR POLICY

Your Policy contains the following sections:

SECTION A – Meaning of words - this section tells **You** the meaning of words that are in the **Policy** in bold.

SECTION B - Guide to Your Policy - this section tells **You** who is insured and what **Benefits We** will consider.

SECTION C - Accident/Sickness Benefit.

SECTION D – Unemployment Benefit.

SECTION E – Claims - this section tells **You** what **You** must do if **You** want to make a claim under this **Policy**.

SECTION F – Other Benefits - this section tells **You** about back to **Work** assistance and other help **We** can provide if **You** are made **Unemployed**.

SECTION G– General Provisions - this section tells **You** the general terms that apply to **Your Policy**.

SECTION H – Customer Service Information - this section tells **You** how to contact **Us** and how to make a complaint.

SECTION A – Meaning of Words

In this **Policy**, the words listed below have special meanings when they appear in **bold text**: -

Accident/Sickness - means **You** are absent from **Work** and certified as unfit to **Work** by **Your Doctor** due to injury, illness, or disease. **Your Accident/Sickness** must have started at a time when **You** are in **Work**. **You** must be unfit to do the job that **You** are/were **Employed** to do. If due to **Accident & Sickness** **You** are no longer **Employed**, **You** must be unfit to do a job that **Your** education or experience would allow **You** to. **You** must be under the continued supervision of, and receiving treatment from, a **Doctor** throughout the period of **Your** claim. **We** will regard **Your Accident/Sickness** as starting on the day **You** first consult, or receive treatment from, and are confirmed as being unfit to **Work**, by a **Doctor**.

Agreement – means in relation to the cover **You** have selected;

- a mortgage secured by a first or second charge over a residential property within the United Kingdom with a lender notified by **You**, who is a member of the Council of Mortgage Lenders.
- a loan / lease / hire purchase contract issue by a lender registered in the United Kingdom who is authorised and regulated by the Financial Services Authority.
- an assured short hold tenancy contract which conforms to the requirements of the Housing Act 1988 as amended under part 3 of the Housing Act 1996.

Back Condition - means any **Accident/Sickness** which is due to, or arising from, any disorder of, or injury to the spine, its intervertebral discs, nerve roots, or supporting musculature and ligaments.

Ceased to Trade - means **You** are entirely out of paid **Work** because **Your** business has failed or the business of which **You** are a controlling director has failed, and **You** have provided accounts to **Your** last day of trading and **Your** last tax return has been placed with **Your** local tax office. This does not include a temporary break in trading of the business.

Claim Form – means the form **You** must complete to make a claim.

Claims Administrator – Advent Solutions Management Ltd, 75-77 Cornhill London, EC3V 3QQ. Telephone 0845 241 2155. The principal duties of the **Claims Administrator** being to manage all claims matters and advise the **Coverholders** on technical **Policy** issues.

Company Director - means a director who owns more than 10% of the issued share capital of the company (or **You** are a **Relative** of a director who is **Working** for the same company as **You** and who owns more than 10% of the issued share capital of that company).

College - means the Royal College of Surgeons, the Royal College of Physicians or any other Royal College of medical practitioners.

Consultant - means a medical specialist registered and practising in the **UK** who is a member of a **College** and recognised by that **College** to be a medical specialist who is not **You** or a **Relative**.

Coverholders - means First Call Payment Protection Ltd who will issue **Policy** documents and collect **Premium** payments on behalf of UK General Ltd.

CBRN Terrorism - means an act, including but not limited to the use of force or violence and /or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or similar purposes including the intention to influence any government and/or put the public, or any section of the public in fear resulting directly or indirectly from or in connection with the release of Chemical, Biological, Radiological or Nuclear agents.

Doctor – means a registered medical practitioner practising in the **UK** being a fully registered person under the Medical Act 1983 but does not include **You**, **Your** spouse, **Your** co-habitees, **Your** registered civil partner under the Civil Partnership Act 2004 or any of **Your Relatives**.

Employed/Employment - means **You** are in **Permanent Employment** for at least 16 hours a week in the **UK** (this includes civil servants **Employed** by the **UK** Government **Working** in a British Embassy or British Consulate) and **Your** employer is deducting P.A.Y.E. Tax and National Insurance Contributions on **Your** behalf.

End date - means the date that cover under this policy ends as set out in Section B - Guide to Your Policy.

Initial Exclusion Period – means the one-off period of days as stated in **Your Policy** commencing from **Your Start Date** in which **You** cannot make an **Unemployment** claim.

Monthly Benefit / Benefit - means the amount of cover **You** have selected under this **Policy** as stated on **Your Schedule** and will be the lower of £2,000 per month or 50% of **Your Normal Income** before tax or an amount equal to 150% of **Your** monthly mortgage repayments / rent payments or the amount specified in **Your Agreement** whichever is the lesser amount. For mortgage or rent protection only, the 150% is calculated by adding any associated life assurance, buildings and contents premiums and **Your** associated utility and council tax bills to **Your** monthly mortgage repayment / rent payments payable to **Your** lender/landlord. In no circumstances can **Your Benefit** exceed 50% of **Your Normal Income**.

Normal Income - means, if **You** are:

- 1) **Employed** – the average monthly earnings before deduction of Income Tax and National Insurance **You** have received from **Your** employer in the twelve months immediately prior to **Your** claim; or
- 2) **Self Employed** – the monthly average of the annual earnings before deduction of Income Tax and National Insurance **You** declared to the Inland Revenue on **Your** self-assessment tax return for the previous tax year (the tax year immediately prior to the tax year in which the claim occurs).

Payment in Lieu of Notice - means one of the following:

- 1) the payment **You** receive relating to the notice period **Your** employer should have given **You** under the terms of **Your** contract of employment or letter of appointment; or
- 2) any part of compensation payment for loss of office (including any part of a payment made under a compromise agreement) which directly or indirectly relates to the notice period **Your** employer should have given **You** under the terms of **Your** contract of employment or letter of appointment

Period of Cover - means the period from the **Start Date** to the **End Date**.

Permanent Employment - means **You** are **Employed** on a permanent basis and **Your** job has no fixed or pre-defined finishing date or **You** have been in continuous **Employment** either on a yearly contract which has been renewed at least once or on a renewable fixed term contract with the same employer for at least 2 continuous years.

Policy - means the insurance documents issued to **You** on the basis of the information **You** have provided as part of the online application process including these Terms and Conditions and **Your Schedule**.

Pre-existing Condition - means any condition, injury, illness, disease, sickness or related condition and/or associated symptoms, whether diagnosed or not which **You**:

- 1) knew about or should reasonably have known about at the **Start Date**; or
- 2) had seen or arranged to see a **Doctor** or **Consultant** about (including for regular or routine examination or consultations to monitor the condition) in the 12 months before the **Start Date**.

Premium – means the amount payable by **You** in respect of insurance as set out on **Your Schedule** including any insurance premium tax at the current standard rate.

Relative - means **Your** spouse, partner or any other immediate family member related to **You** by blood, law or marriage.

Schedule - means the document confirming the detail of the cover **You** have selected under these **Policy** Terms and Conditions.

Self-Employed - means **You** are **Working** alone, or in partnership with others in the **UK** for remuneration or profit, registered with HMRC as **Self-Employed**, and paying Class 2 National Insurance Contributions (or being credited in respect of such contributions) and being assessed for Income Tax under Schedule D Case I or II.

Start Date - means the date **Your** cover under this **Policy** commences, as set out in Section B -Guide to Your Policy.

UK - means England, Scotland, Wales, Northern Ireland, the Channel Islands and the Isle of Man.

Unemployed or Unemployment - means a period during which **You** must be no longer **Employed** or **Self-Employed** and be:

- 1) receiving the appropriate class of National Insurance contribution credits;
- 2) available for and actively looking for **Work** in the **UK**;
- 3) registered as without **Work** with the appropriate government agency;
- 4) entirely without **Work**; and
- 5) not receiving wages.

If **You** are **Self-Employed**, in addition to 1) to 5) above **You** must also have **Ceased to Trade**. If **You** are a **Company Director**, **Your** company must have been wound up by a creditor who is not a director of that company.

Waiting period - means the minimum number of consecutive days of **Accident**, **Sickness** or **Unemployment** which **You** have to wait before **Your** entitlement to **Monthly Benefit** commences as shown in **Your Schedule**

We, Us, Our - means UK General Insurance Ltd on behalf of Ageas Insurance Ltd.

Work, Working - means being in **Permanent Employment** or **Self-Employed** (including being on statutory maternity, paternity or adoption leave)

You, Your - means a **UK** resident who is eligible for and has applied and been accepted for this insurance under this **Policy** and who is named on the **Schedule**.

SECTION B - GUIDE TO YOUR POLICY

1. Who are Your insurers?

UK General Insurance Ltd on behalf of Ageas Insurance Ltd.

2. Who is insured?

The person named in the **Schedule**.

3. When does my insurance cover start?

The **Start Date** of **Your Policy** is shown in **Your Schedule**.

4. When does my insurance cover end?

The **End Date** of **Your Policy** is the earliest of the following dates: -

- 1) the date of **Your** death; or
- 2) the date **You** retire from **Work** or reach the age of 65, whichever is the earlier; or
- 3) the date **You** fail or cease to pay **Your Premium** for this **Policy** on the date it is due; or
- 4) the date **You** or **We** cancel this **Policy**; or
- 5) the date **You** make the final payment under **Your Agreement**

5. What Benefits will We pay?

The cover **You** have selected is shown in **Your Schedule**

There are two levels of cover:

Accident and Sickness (See Section C)

or

Accident, Sickness and Unemployment (See Sections C and D)

We will pay the **Monthly Benefit** as defined in **Your Policy** and in respect of the level of cover **You** have chosen.

6. How do You qualify for payment of Monthly Benefits?

There are four **Waiting Period** options

WAITING PERIOD							ABLE TO CLAIM FROM	1 st MONTHLY BENEFIT PAID ON
0 Days	1		30				DAY 1	DAY 31
You wait →								
30 Days	1			60			DAY 31	DAY 61
You wait →								
60 Days	1				90		DAY 61	DAY 91
You wait →								
90 Days	1					120	DAY 91	DAY 121
You wait →								

You have to be unable to **Work** for the **Waiting Period** and then a further 30 days before a **Monthly Benefit** is payable.

Please note '0 Days' **Waiting Period** is sometimes referred to as 'Back to Day 1' cover by other providers.

a) Accident/Sickness

You must have been unable to **Work** due to **Accident/Sickness** for the number of days as stated under the **Waiting Period** on **Your Schedule** and then a continuous period of 30 days after which **We** will pay one **Monthly Benefit**. **We** will then pay a sum equal to one thirtieth of the **Monthly Benefit** for each additional day **You** remain continuously unable to **Work** due to **Accident/Sickness**.

b) Unemployment.

You must have been **Unemployed** for the number of days as stated under the **Waiting Period** on **Your Schedule** and then a continuous period of 30 days after which **We** will pay one **Monthly Benefit**. **We** will then pay a sum equal to one thirtieth of the **Monthly Benefit** for each additional day during which **You** remain continuously **Unemployed**.

7. When will Monthly Benefits be paid?

Payment of **Monthly Benefits** will be made by the **Claims Administrators** monthly in arrears.

8. What limits are there on the amount of a **Monthly Benefit** and how many **Monthly Benefits** can **You** receive at any one time?

The maximum amount of a **Monthly Benefit** is limited to £2000 or 50% of **Your Normal Income**, or the amount specified in **Your Agreement** whichever is lesser.

We will not pay two **Monthly Benefits** if **You** are **Unemployed** and unable to **Work** due to **Accident/Sickness** at the same time.

If **You** are receiving **Monthly Benefits** **You** must continue to pay **Your** monthly **Premium** as it falls due in order to ensure continuous cover under this **Policy**.

The amount of **Monthly Benefit** **You** receive in the event of a claim is linked to the amount specified in **Your Agreement** and **Your Normal Income**. **You** must advise the **Coverholders** of any change in either of these where it is likely to affect the amount **You** are entitled to receive as **Monthly Benefit**. In the event of an undisclosed reduction in salary which becomes known at the time of a claim, any over payment of **Premiums** will be reimbursed.

9. Changes in Your Circumstances

In the event that **You** wish to change **Your Benefit** **You** must contact the **Coverholders** and advise them of the new amount. **You** may increase **Your Benefit** at any time subject to **Our** or the **Coverholders'** prior agreement. If the increase is as a result of an increase in the amount specified in **Your Agreement**, and this can be substantiated by **You**, then no additional **Policy** terms will be imposed. If the increase has resulted from any other reason no increase in **Benefit** or the change in proportion of **Your Benefit** will be paid for:

- 1) an **Unemployment** claim which **You** were aware of at the time in the increase in **Benefit** or occurs or is notified to **You** in the 120 days following the increase; or
- 2) **You** knew of, or should have reasonably have known of **Your** impending **Unemployment** on the date that **You** applied for the increase in **Benefit**; or
- 3) A disability claim which resulted from sickness for which **You** received treatment or attended a **Doctor** in the 12 months preceding **Your** increase in **Benefit**; or

SECTION C – ACCIDENT / SICKNESS BENEFIT

1. What will We pay if You become unable to Work due to Accident/Sickness?

We will pay Monthly Benefit if You suffer Accident/Sickness during the Period of Cover.

Where **You** are on statutory maternity, paternity or adoption leave immediately before **Your Accident/Sickness**, **Your Doctor** must confirm that **Your Accident/Sickness** would wholly stop **You** from carrying on **Your Work** as if **You** were not on statutory maternity, paternity or adoption leave.

2. For how long will Monthly Benefits be paid?

We will pay the Monthly Benefits until the earliest of the following dates:

1. the date when **You** stop being unable to **Work** due to **Accident/ Sickness**; or
2. the date when **You** do not give **Us** proof that **You** are unable to **Work** due to **Accident/Sickness**; or
3. the date when **You** return to **Work**; or
4. the date when **We** have paid the maximum number of **Monthly Benefits** in total for **Accident/Sickness** claims as stated in the **Schedule**; or
5. the **End Date**.

3. How do I qualify for Accident/Sickness Benefits?

We will only pay Accident/Sickness Benefits if You are in Work immediately before the date when You became unable to Work due to Accident/Sickness.

If **We** stop paying **Monthly Benefit** because **We** have paid the maximum number of **Monthly Benefits** for a claim as shown in the **Schedule**, **You** stop being unable to **Work** due to **Accident/Sickness**, **You** do not give **Us** proof that **You** are unable to **Work** due to **Accident/Sickness**, or **You** return to **Work** then **We** will not pay any further **Monthly Benefit** under the **Accident/Sickness** insurance section of this **Policy** until **You** have returned to **Work** for a continuous period of at least: -

- 1) 6 months before **You** can claim for the same **Accident/Sickness** again; or
- 2) 3 months before **You** can claim for a different, unrelated **Accident/Sickness** again; or
- 3) 1 month before **You** can claim for **Unemployment**.

If **You** are on statutory maternity, paternity or adoption leave during this period, **Your Doctor** must confirm that **You** have been fit for **Your Work** for a continuous period of at least 6 months as if **You** were not on statutory maternity, paternity or adoption leave.

4. Special note

If **We** have paid less than the maximum number of **Monthly Benefits** for a claim as stated in the **Schedule** **You** must return to **Work** for at least one month before **You** can claim again for a different **Accident/Sickness**.

If **We** have paid less than the maximum number of **Monthly Benefits** for a claim as stated in the **Schedule** and **You** return to **Work** but are again unable to **Work** resulting from the same **Accident/Sickness** within 3 months of the date of **Your** return to **Work**, **We** will consider paying **Monthly Benefits** for the reoccurrence of that inability to **Work**. **We** will treat this as one claim. Please note, this will be subject to the maximum number of **Monthly Benefits** for a claim as stated in the **Schedule** being paid.

5. When will We not pay Accident/Sickness Benefit?

We will not pay **Monthly Benefit** if the **Accident/Sickness** results directly or indirectly from: -

- 1) Any injury, illness, disease or sickness which is due to a **Pre-Existing Condition**; or
- 2) **Your** consumption of alcohol; or
- 3) **Your** taking drugs; or
- 4) Stress, anxiety or depression or any mental or nervous disorder unless the condition has been diagnosed by a **Consultant** who certifies that solely the condition prevents **You** from **Working** and **You** are under the continued supervision of and receiving treatment from a **Consultant**; or
- 5) Intentionally self-inflicted bodily injury; or
- 6) A **Back Condition** unless there is radiological evidence of medical abnormality, visible wound or contusion, and a **Consultant** certifies that solely the condition prevents **You** from **Working**; or
- 7) Medical operations or treatments which are not medically necessary to maintain **Your** quality of life and which are carried out at **Your** request; or
- 8) Attempted suicide or wilful exposure to danger (except in an attempt to save human life); or
- 9) Any of the exclusions shown in Section D point 6.

We will not pay **Monthly Benefit** if the **Accident/Sickness** is not supported by medical evidence from a **Doctor**.

6. Special Note

- 1) **We** will not apply 5.1) above If **You** have been free of all symptoms of the **Pre-existing Condition** for a period of at least two years following the **Start Date** and **You** have not consulted or arranged to consult a **Doctor** about the **Pre-existing Condition** in that period.
- 2) **We** will not apply 5.3) above If **You** are taking drugs under the qualified medical advice or supervision of a **Doctor** (and provided **You** have not exceeded the prescribed dose or failed to comply with any advice given in connection with taking such drugs).

SECTION D – UNEMPLOYMENT BENEFIT

1. What will We pay if You become Unemployed?

We will pay **Monthly Benefit** if, during the **Period of Cover**, **You** become **Unemployed**.

2. How do You qualify for Monthly Benefits?

Monthly Benefits are only payable if **You** have been in **Work** continuously for at least 6 months immediately before the date of **Your Unemployment**.

3. What if You want to do temporary Work?

If **You** are eligible to claim for **Unemployment** under this insurance and **You** are offered a temporary job, **You** can suspend **Your** claim as long as: -

- 1) **You** tell the **Claims Administrator** who **You** will be **Working** for (even if **You** will be **Self-Employed**), how many hours **You** will be **Working** for and how long the temporary **Work** will last;
- 2) **Your** temporary job lasts for at least one week and no longer than six months, and **You** do not have more than three separate jobs during any one claim; and
- 3) **You** continue to meet the conditions of this insurance and tell **Us** immediately if any of the circumstances above change.

You are eligible to claim for **Unemployment** when a temporary job ends as long as **You** have kept to the above conditions. **We** will begin paying **You Monthly Benefit** payments again up to the maximum number stated on the **Schedule**.

4 For how long will Monthly Benefits be paid?

We will pay **Monthly Benefit** until the earliest of the following dates:

- 1) the date when **You** stop being **Unemployed** or do not provide proof that **You** are **Unemployed**; or
- 2) the date when **You** return to **Work**; or
- 3) the date when **We** have paid the maximum number of **Monthly Benefits** for any one **Unemployment** claim as stated in the **Schedule**; or
- 4) the **End Date**.

5. How do You re-qualify for Monthly Benefits?

If **We** have paid the maximum number of **Monthly Benefits** as stated in the **Schedule**, **You** must have returned to **Work** for:

- 1) 6 months before **You** can claim for **Unemployment** again; or
- 2) 1 month before **You** can claim for **Accident/Sickness**.

If **You** are **Employed** for less than 6 months between 2 periods of **Unemployment**, **We** will treat these 2 periods as one claim. **We** will not pay **Monthly Benefits** for the time **You** were **Employed** between the 2 periods of **Unemployment**. **We** will pay up to the maximum number of **Monthly Benefits** as stated in the **Schedule**.

6. When will We not pay Benefits?

We will not pay **Benefit** if: -

- 1) **You** have not been in continuous **Employment** for at least 6 months before **Your** first period of **Unemployment**; or
- 2) **You** are notified of **Unemployment** within the **Initial Exclusion Period** of 120 days from the **Start Date** of this insurance even though **Your Unemployment** may not take place until after this period; or
- 3) **You** were aware of the possibility of impending **Unemployment** (or in **Our** reasonable opinion **You** should have been aware) at the **Start Date**, notwithstanding that no specific reference has been made to **Your** personal situation and that **Your Unemployment** may not take place until after 120 days of the **Start Date**; or
- 4) **You** have agreed to take voluntary **Unemployment**, resign or retire; or
- 5) **Your Unemployment** is due to **Your** own misconduct including fraud, dishonesty, breach of contract or any other circumstance resulted in **Your** employer taking disciplinary action against **You**; or
- 6) **You** fail to meet the standards or targets laid down by **Your** employer; or
- 7) **Your Work** is temporary or seasonal and **Unemployment** is a normal part of it, or **Unemployment** is a regular feature of **Your Work**.
- 8) **You**, at the date of **Your Unemployment**:
 - a) Are doing temporary **Work**; or
 - b) Are **Employed** on a fixed term contract unless;-
 - (i) **You** have been **Employed** under that contract with the same employer for a continuous period of 24 months; or
 - (ii) **You** have been on a contract for at least 12 months and had the contract renewed at least once; or
 - (iii) **You** have an individually negotiated contract which has been renewed at least twice and **You** have been employed by the same employer for at least 6 months, in which case the **Monthly Benefit** is payable only if the contract is terminated early and only for the original duration of the contract.
 - (iv) **You** were originally **Employed** on a permanent basis by **Your** employer but were transferred to a fixed-term contract by that employer without a break in **Employment**.
 - c) Are **Employed** under a contract which required **You** ordinarily to **Work** outside the **UK**; or
 - d) Are a director or a majority shareholder of, or **Your** husband, wife, parent, **Your** civil partner, child, brother, sister, or **Relative** by blood or marriage is a director and/or a majority shareholder of, the company that makes **You Unemployed** unless a liquidator or administrator has been appointed in respect of that company by its creditors; or
- 9) **You** refuse any offer of reasonable alternative **Employment** by **Your** employer; or

- 10) **Your Unemployment** results directly or indirectly from radiation, contamination or the radioactive effect of any nuclear fuel or its components; or
- 11) **Your Unemployment** results from an act of **CBRN Terrorism**; or
- 12) **You** are made **Unemployed** because of a civil commotion, riot, terrorist activity, insurrection, war or any act incidental to war (whether declared or not); or
- 13) **You** are made **Unemployed** due to any of the exclusions shown in Section C point 5.

If at the time of any event giving rise to a claim there is any other insurance **Policy** in force in **Your** name which also covers **You** for the same loss then only a proportion of the claim shall be paid. Such proportion being determined by reference to the cover provided under each of the relevant policies.

7. Special Note

- 1) **We** will not pay **Monthly Benefit** for any period in respect of which **You** have received or are entitled to receive a **Payment in Lieu of Notice**, even if the **Payment in Lieu of Notice** is part of a settlement or compromise agreement between **You** and **Your** employer.
- 2) **We** will not apply 6.4 above if **Your** voluntary redundancy is claimed under section 147 or 148 of the 1996 Employment Rights Act due to short-time working. If **You** make a claim, **You** will have to produce documentation to confirm that **Your** redundancy is within the terms of this Act.

SECTION E – CLAIMS

1. How do You make a claim for Benefits?

In the event of a claim, **You** must ask the **Claims Administrator** for a **Claim Form** and complete and return it to the **Claims Administrator** as soon as possible. **You** must give written notice of a claim to the **Claims Administrator** within 120 days of the date of the event for which a claim is being made or as soon thereafter as reasonable possible.

The **Claim Form** will tell **You** what additional documents **You** need to send in order to process **Your** claim. **You** will need to complete these and return them as soon as reasonably possible, giving all the information requested to enable processing of **Your** claim. This should include any other documents requested.

We are entitled to see, and **You** must provide at **Your** expense, or authorise others to provide at **Your** expense, such evidence as **We** may require from time to time to support **Your** claim. This will include a copy of **Your** Contract of Employment, notification of **Unemployment**, Bank Statements, **Agreement**, previous Medical History, Doctor's Certificates or forms from the relevant Government agency. **You** will be responsible for providing **Us** with the proof **We** need. Delay in submitting a claim to **Us** may prejudice **Your** claim or result in the denial of **Your** claim. If **We** wish **You** to be medically examined at **Our** expense **You** must allow it, otherwise **Your** claim could either be stopped or denied.

Payment of **Monthly Benefit** will be made when **We** receive satisfactory evidence of **Your** entitlement to claim. Throughout the period for which the claim is made under this **Policy We** will require **You** to provide evidence of continued **Accident/Sickness** or **Unemployment**. **Monthly Benefit** will not be paid for any period of **Accident/Sickness** or **Unemployment** for which the evidence required by **Us** is not provided within 30 days of the request. **We** may require **You** to produce **Your Policy** as proof of cover.

We may arrange for an agent to visit **You**. The purpose of such visit will be to gather details regarding the claim in order to ensure an accurate assessment. It is essential that **You** make yourself available for any such visit. If **You** do not do so **Your Benefit** will not be paid.

If at any time **You** think **You** may not be able to provide the evidence within the time requested, **You** should write to **Us** and request further time. So long as **You** do so, permission for this will not be unreasonably withheld.

UK General Ltd are an agent of Ageas Insurance Ltd and in the matters of a claim act on their behalf.

We will be entitled to take legal action in **Your** name for **Our** own benefit against any other party in order to recover any payment **We** have made.

2. What if You want to convert a claim?

If **We** are paying **Accident/Sickness Benefit** and at the same time **You** become **Unemployed**, **You** must write to the **Claims Administrators** immediately explaining **Your** change in circumstances. If a **Doctor** confirms **You** are fit to return to **Work** while **We** are paying **Accident/Sickness Benefit**, these **Benefits** will then stop. If **You** have not found **Work**, **You** may then make a claim for **Unemployment Benefit** providing **You** have selected and paid **Premium** for **Accident, Sickness** and **Unemployment** cover and **We** will consider **Your** claim. If **You** convert a claim, the maximum number of **Monthly Benefits** payable in total will be the maximum number stated on the **Schedule** for either **Accident/Sickness** or **Unemployment**. When considering **Your Unemployment** claim, **We** will ignore the fact that **You** were not in **Work** immediately before the **Unemployment** claim and no excess/**Waiting Period** will apply.

If **You** are receiving **Monthly Benefit** for **Unemployment** and at the same time **You** become unable to **Work** due to **Accident/Sickness** **You** must write to the **Claims Administrators** immediately explaining **Your** change of circumstances. The **Unemployment** claim will stop on the date **You** became unable to **Work** due to **Accident/Sickness** and **We** will consider **Your Accident/Sickness** claim. If **You** convert a claim, the maximum number of **Monthly Benefits** payable in total will be the maximum number stated on the **Schedule** for either **Accident/Sickness** or **Unemployment**. When considering **Your Accident/Sickness** claim **We** will ignore the requirement for **You** to be in **Work** at the date of the **Accident/Sickness** and no excess/**Waiting Period** will apply.

If **We** do not pay **Benefits** for the **Accident/Sickness** claim, **We** will look at the original **Unemployment** claim once a **Doctor** confirms **You** are fit to return to **Work**. **You** must tell **Us** in writing that **You** are no longer unable to **Work** due to **Accident/Sickness** and if asked provide reasonable proof to **Us** of this.

Please note the maximum number of Benefits payable under a continuous claim is the maximum number of Monthly Benefits as stated on the Schedule, whether this relates solely to Accident/Sickness or Unemployment, or a converted claim from one to the other.

SECTION F- OTHER BENEFITS

Jobcare; Back To Work Assistance.

This **Policy** includes a confidential and independent back to **Work** assistance programme called Jobcare. This service is free and is provided by **Employment** specialists PMA Limited.

The programme provides **You** and **Your** immediate family living with **You** with the following:

If **You** become **Unemployed** **Our** advisers will give **You** practical help and guidance on how to achieve a speedy return to **Work**. The advisers will also send **You** a free guide to getting back to **Work** including guidance on: -

- 1) CV preparation; and
- 2) Letters of application; and
- 3) Sourcing vacancies; and
- 4) Interview techniques; and
- 5) Self Employment:

all designed to help **You** find the right job. The service also gives access to a National Job Vacancy Database which can be a useful aid to finding jobs. If **You** would like to consider a career change, the advisers can offer help and guidance in the identification of skills suitable to transfer into alternative **Employment** opportunities.

The service is provided free to **You** and **Your** immediate family, and is available from 8am to 8pm Monday to Friday, and from 8am to Noon Saturdays - simply call **0870 3304796** quoting ref PROTECTION UK NET.

NB: Remember there is no charge for this service which can be used at any time during Your Policy.

SECTION G– GENERAL PROVISIONS

1. Fraudulent claims or misleading information.

If any information provided to **Us** by **You** or anyone acting on **Your** behalf is inaccurate or if **You** do not disclose any information which might reasonably affect **Our** decision to provide insurance to **You**, **Your** right to any **Benefit** under this **Policy** will end.

If any claim under this **Policy** is fraudulent or is intended to mislead **Us** or if any misleading or fraudulent means are used by **You** or anyone acting on **Your** behalf to obtain **Benefit** under this **Policy**, **Your** right to any **Benefit** under this **Policy** will end and **We** will be entitled to recover any **Benefit** paid and costs incurred as a result of any such fraudulent or misleading claim.

2. Payment of Benefits

All **Benefits** payable under this **Policy** will be paid to **You** unless **You** instruct **Us** otherwise.

Payment made by **Us** under this **Policy** may, in some circumstances, affect **Your** entitlement to State benefits.

All **Benefits** under this **Policy** are non-taxable, although this may change in line with any amendments to legislation. In this event, **We** will deduct from any **Monthly Benefit** any sums which by law **We** are required to deduct.

3. Legal

This **Policy**, together with any endorsement to it, any proposal and any other written statement made by **You** or on **Your** behalf on which **We** have relied when accepting **You** for cover under this **Policy** constitutes the whole of the contract between **You** and **Us**.

No provision or condition of this **Policy** may be waived or modified except by a written endorsement, which must be signed by an authorised official on **Our** behalf.

If at any time any provision or part thereof of this **Policy** becomes invalid, illegal, or unenforceable the remaining parts and/or provisions shall continue in full force and effect.

English Law applies to this **Policy** unless **You** have asked for another law and **We** have agreed to this in writing before the **Start Date**.

It is not possible for **You** to transfer **Your** rights under this **Policy**.

No person, persons, company or other party who or which is/are not covered under this **Policy** or the lender shall have any right under the Contracts (Rights of Third Parties) Act 1999 to enforce any term or condition of this **Policy**. This will not affect any right or remedy of a third party that exists or is available apart from that Act.

The Data Protection Act 1998 gives **You** the right to a copy of **Your** personal data held by **Us** upon payment of a fee.

Ageas Insurance Ltd are covered by the Financial Services Compensation Scheme (FSCS). **You** may be entitled to compensation from the scheme, if they cannot meet their obligations. This depends on the type of business and the circumstances of the claim. Most insurance contracts are covered for 90% of the claim with no upper limit. **You** can get more information about compensation scheme arrangements from the FSCS.

4. Annual Review

We review **Your Policy** annually and any changes **We** wish to make will take effect from the anniversary of **Your Policy Start Date** each year. Following the review **We** can make changes to the **Policy** cover and/or terms and conditions of insurance to reflect changes in the cost of providing this cover in the future.

Premiums may go up or down, or remain unchanged as a result of this review. The **Policy** cover and terms may also change as a result of this review.

There is no limit on the size or type of these changes.

We will notify **You** in writing at least 30 days before the anniversary date of **Your Policy Start Date** each year.

For each review **We** will take a fair and reasonable view on the likely future cost of providing this cover by considering:

- 1) **Our** experience and expectations of the cost of providing this product and/or similar insurance products; and
- 2) Widely available economic information such as rates for inflation, interest and unemployment; and
- 3) Changes in law, regulation and taxation.

The only exception to this would be in the event of a change in:

- 1) Law, regulation, taxation ; and/or
- 2) recommendation of an Ombudsman

which **We** need to implement prior to the review.

Any review will not be directly affected by whether **You** have made a claim or not.

5. Reinstatement

You may apply to have **Your Policy** reinstated within 3 months of cancelling it. The reinstatement will be subject to **You** completing a declaration of good health and no change in **Employment** circumstances.

6. Data Protection – Information Uses

The **Coverholders** operate a database of all information relating to **Your Policy** including information provided to **Us** on **Your** application, information contained within the **Schedule** of insurance and, **Policy** periods and renewal dates, together with any correspondence that **We** might exchange. Under the Data Protection Act 1998 **We** need to obtain **Your** consent to holding this information. If **We** should need to store any additional information **We** will of course approach **You** first to obtain **Your** permission. The information will be used for underwriting purposes and in the event of a claim. **We** may also share this information with the insurer of **Your Policy**, the **Claims Administrator** and other organisations which provide additional services in the event of a claim. The **Coverholders** may also use the information for direct marketing of their own products only and **You** have signified whether or not

You are agreeable to this in the application and the **Coverholders** will of course follow **Your** requests in that respect. If **You** have any objections to **Us** holding **Your** information either in full or in part or wish to obtain any details of any information **We** are currently holding on **You**, please contact the **Coverholders** immediately.

SECTION H – CUSTOMER SERVICE INFORMATION

How do You make an enquiry?

Any enquiry regarding any aspect of this **Policy** should be made to: -

The Customer Services Team
First Call Payment Protection Ltd
Administration Centre
Loxley House
21 Coker Road
Worle
Weston super Mare
BS22 6BX

Telephone: 0844 391 6965

Email: policyenquiries@protection.uk.net

How do You make a complaint?

Although **We** aim to please, things can sometimes go wrong. **We** would rather **You** told **Us** when **You** are dissatisfied. If **You** are dissatisfied **You** can write in the first instance to:

The Customer Relations Manager
First Call Payment Protection Ltd
Administration Centre
Loxley House
21 Coker Road
Worle
Weston super Mare
BS22 6BX

Telephone : 01934 529420

Email: customerrelations@fcpl.co.uk

You need to clearly give the reason for **Your** complaint. Please also make sure that **You** give **Us** all **Your** contact details and **Your Policy** or claim number.

In the event **You** remain dissatisfied and wish to escalate **Your** complaint, **You** can do so by contacting:

The Customer Relations Manager
UK General Insurance Ltd
Cast House
Old Mill Business Park
Gibraltar Island Road
Leeds
LS10 1RJ

Telephone : 0845 218 2685

Email: customerrelations@ukgeneral.co.uk

If it is not possible to reach an agreement **You** have the right to make an appeal to the Financial Ombudsman Service (FOS). **You** may contact the FOS at: -

The Financial Ombudsman Service,
South Quay Plaza,
183 Marsh Wall,
London E14 9SR,

Telephone: 0845 080 1800.

Please note that the Financial Ombudsman Service will normally only consider a complaint once **We** have issued a final decision.

Your statutory rights are not affected if **You** choose not follow the complaints procedure above.

For further information about **Your** statutory rights contact **Your** local authority Trading Standards Service or Citizens Advice Bureau.

Scheme arranged by www.protection.uk.net a trading name of First Call Payment Protection Ltd.
Registered in England and Wales No 07064423
Registered office: Culm End House, Collum Lane, Kewstoke, Somerset BS22 9YX
First Call Payment Protection Ltd is authorised and regulated by the Financial Services Authority
No 541645